

# MMO PARENT QUESTIONNAIRE

Dear Parents,

Please complete this questionnaire to help us provide your child with a smooth transition and preschool experience. Thank you!

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SIBLINGS (names/ages) \_\_\_\_\_



**HAYES  
BARTON  
UNITED  
METHODIST  
PRESCHOOL**

## PHYSICAL DEVELOPMENT

Please check under the word that best describes your child's ability in the following areas

	Good	Average	Needs help	Not applicable
Walks				
Runs				
Feeds self				
Uses a Sippy/Straw Cup				
Sits in a chair				
Holds a coloring tool (ex: crayon)				

Do you have any concerns about your child's physical development? Yes \_\_\_ No \_\_\_

\*If yes, please explain:

## COMMUNICATION

Please check under the word that best describes your child's communication

	Good	Average	Needs help	Not applicable
Repeats words				
Uses words/phrases independently				
Is easily understood				

Do you have any concerns about your child's speech or communication? Yes\_\_\_ No\_\_\_

\*If yes, please explain:

**BEHAVIORAL/EMOTIONAL DEVELOPMENT:**

Has your child ever separated from you before (ex: Church nursery)? Yes\_\_\_ No\_\_\_

If so, how does he/she respond to that separation?

Is your child splitting time between HBUMP and another preschool? Yes\_\_\_ No\_\_\_

Does your child have any special habits (thumb sucking, nail-biting)? Yes\_\_\_ No\_\_\_

\*If yes, please explain:

Does your child have a special comfort item? Yes\_\_\_ No\_\_\_

Any specific fears? Yes\_\_\_ No\_\_\_

Can your child play independently and for how long? Yes\_\_\_ No\_\_\_

Does your child become frustrated easily? Yes\_\_\_ No\_\_\_

\*If yes, please explain:

How does your child express frustration?

What makes your child angry, and how does she/he express anger?

What approach do you use to guide your child's behavior? How does he/she respond to it?

How does your child react to new situations?

Please list your child's favorite activities:

What 3 words best describe your child?

## **SLEEPING HABITS**

Does your child still take a morning nap? Yes\_\_\_ No\_\_\_

My child usually naps \_\_\_ times/day from \_\_\_\_\_ to \_\_\_\_\_

My child usually sleeps at night from \_\_\_\_\_ p.m. to \_\_\_\_\_ a.m.

Does your child have any sleep disturbances? Yes\_\_\_ No\_\_\_

Does your child sleep with any special object? Yes\_\_\_ No\_\_\_

Does your child remain in his/her crib at night? Yes\_\_\_ No\_\_\_

\*Please explain:

## **EATING HABITS**

Does your child have any food allergies/sensitivities? Yes\_\_\_ No\_\_\_

If so, has an HBUMP allergy plan been created? Yes\_\_\_ No\_\_\_

Does your child sit remain in a highchair/booster or seat while eating? Yes\_\_\_ No\_\_\_

Does your child finger feed himself/herself? Yes\_\_\_ No\_\_\_

Any eating challenges we should know about? Yes\_\_\_ No\_\_\_

\*Please explain:

## TOILETING

Does your child have any consistent diapering patterns/habits? Yes\_\_\_ No\_\_\_

## SPECIAL MEDICAL CONSIDERATION

Has the pediatrician ever expressed concern over your child's development? Yes\_\_\_ No\_\_\_

\*If yes, please explain:

Please list any family concerns, if applicable:

Does your child have any distinguishing birthmarks/skin conditions? Yes\_\_\_ No\_\_\_

\*If yes, please explain:

## PARENT EXPECTATIONS

What are your goals and expectations for your child at Hayes Barton United Methodist Preschool?

Do you have any special concerns or questions?

How would you like to participate in our program?

\_\_\_ share a special skill/interest: \_\_\_\_\_

\_\_\_ assist with classroom activities: \_\_\_\_\_

\_\_\_ help make materials (playdoh, sensory bins) \_\_\_\_\_

\_\_\_ join us for special events: \_\_\_\_\_

\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date